

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12283

CERTIFICATE OF DEATH

Reg. Dist. No.

12265

1. PLACE OF DEATH a. COUNTY <i>Calvert</i>		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Maryland</i>		b. COUNTY <i>Calvert</i>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Baltimore</i>		c. LENGTH OF STAY IN 1b <i>?</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Baltimore</i>		d. STREET ADDRESS <i>—</i>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <i>—</i>				d. STREET ADDRESS <i>—</i>		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <i>CORA</i>	First	Middle	Last	4. DATE OF DEATH <i>Dec. 9 1956</i>	Month	Day	Year
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>May 5 1903</i>	9. AGE (In years last birthday) <i>53 yr.</i>	10. IF UNDER 1 YEAR Months	11. IF UNDER 24 HRS. Days	12. IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Home</i>		11. BIRTHPLACE (State or foreign country) <i>Tennessee</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>	
13. FATHER'S NAME <i>W. H. McDonald</i>		14. MOTHER'S MAIDEN NAME <i>Lizzie Jane Nelson</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>237-30-1000</i>	
17. INFORMANT <i>Roy T. Blevins - Baltimore, Md.</i>		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Spinal Cord</i>		19. INTERVAL BETWEEN ONSET AND DEATH <i>months</i>		20. DUE TO <i>Spinal Cord</i>	
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) (c)		DUE TO <i>Spinal Cord</i>		DUE TO <i>Spinal Cord</i>		21. DUE TO <i>Spinal Cord</i>	
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1b.)					
20c. TIME OF INJURY Hour a. m. p. m.	Month 19	Doy Not while at work <input type="checkbox"/> at work <input type="checkbox"/>	20d. INJURY OCCURRED While at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) <i>Baltimore</i>	(County)	(State)
21. I certify that I attended the deceased from <i>July 17, 1956</i> to <i>Dec. 9, 1956</i> that I last saw the deceased alive on <i>Dec. 9, 1956</i> , and that death occurred at <i>3 PM</i> , from the causes and on the date stated above.							
ACTUAL SIGNATURE <i>Page C. Jetti</i>	M.D.		ADDRESS <i>Walter's Memorial Card. & Land Card - Calvert - Md.</i>		ADDRESS (Street, city or town, state) <i>Baltimore, Maryland</i>		
PHYSICIAN'S NAME (Type) <i>Page C. Jetti</i>					DATE SIGNED <i>Dec. 12, 1956</i>		
22a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	22b. DATE THEREOF <i>Dec. 12, 1956</i>	22c. NAME OF CEMETERY OR CREMATORIAL <i>Walter's Memorial Card. & Land Card - Calvert - Md.</i>	22d. LOCATION (City, town, or county) <i>Baltimore, Maryland</i>	(State)			
23. FUNERAL DIRECTOR'S SIGNATURE <i>A. A. Harkness & Son - Mutual, Md.</i>		ADDRESS <i>—</i>	24a. REC'D BY REGISTRAR <i>—</i>	24b. REGISTRAR'S SIGNATURE <i>H. W. Ward</i>			
VS A15 (4) 15M 9/55		DATE <i>12-12-56</i>					

CERTIFICATE OF DEATH

BUREAU V. S.
RECEIVED
DEC 12 1956

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12284 CERTIFICATE OF DEATH

12266

Reg. Dist. No.

51

1. PLACE OF DEATH a. COUNTY Calvert		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Prince Frederick		c. LENGTH OF STAY IN 1b 71 Days	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Calvert Co., Hospital		e. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Huntingtown	
3. NAME OF DECEASED (Type or print) Evelyn		First Evelyn	Middle Lydia
4. DATE OF DEATH 12		Last Bowen	Month I2
5. SEX female		6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>
		WIDOWED <input type="checkbox"/>	DIVORCED <input type="checkbox"/>
8. DATE OF BIRTH March 10 1910		9. AGE (In years last birthday) 40	10. IF UNDER 1 YEAR Months 0
		11. IF UNDER 24 HRS. Days 12	12. Hours 12
		13. CITIZEN OF WHAT COUNTRY? Maryland U.S.A.	14. MIN. 56
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)
13. FATHER'S NAME George W. Hance		14. MOTHER'S MAIDEN NAME Lydia Bowen	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.		17. INFORMANT Elizabeth Bowen	Address Huntingtown
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinomatosis		INTERVAL BETWEEN ONSET AND DEATH	
154X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. (b) DUE TO (c) Ca of Rectum			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Doy, Year Hour o. m. p. m. 19		20d. INJURY OCCURRED White <input type="checkbox"/> Not white <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Barstow
20f. (City or town) (County) (State)			
21. I certify that I attended the deceased from SEPT , 19 53 , to Dec 12 , 19 53 , that I last saw the deceased alive on Dec 12 , 19 53 , and that death occurred at M. , from the causes and on the date stated above. ACTUAL SIGNATURE R. D. Hance PHYSICIAN'S NAME (Type) R. D. Hance & Son, M. D.		ADDRESS (Street, city or town, state) St. Bernard, Md.	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial Dec. 14, 1953		22b. DATE THEREOF Dec. 14, 1953	22c. NAME OF CEMETERY OR CREMATORIAL Adelphi Cemetery
22d. LOCATION (City, town, or county) Barstow		(State) Md.	
23. FUNERAL DIRECTOR'S SIGNATURE A. A. Herkness & Son, Mutual M.		24a. REC'D BY REGISTRAR DATE 12/13/56	24b. REGISTRAR'S SIGNATURE H. W. Ward

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be referred to by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, it should be filed with page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

Date of Birth

Age

Cause of Death

Place of Death

Name of Deceased

Date of Birth

Cause of Death

Place of Death

Name of Deceased

Date of Birth

Cause of Death

Place of Death

BUREAU

DEC 14 1956

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12285 CERTIFICATE OF DEATH

12267

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY <i>Calvert</i>		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) b. STATE <i>Md</i>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>W. Beach</i>		c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>West Beach, Md</i>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <i></i>		d. STREET ADDRESS <i></i>	
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print)	First <i>Alexander</i>	Middle <i>Thomas</i>	Last <i>Cox</i>
4. DATE OF DEATH	Month <i>12</i>	Day <i>27</i>	Year <i>1958</i>
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Jan 13, 1882</i>
9. AGE (In years last birthday) yrs.	10. IF UNDER 1 YEAR Months <i></i>	11. IF UNDER 24 HRS. Days <i></i>	12. IF UNDER 24 HRS. Hours <i></i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Employer</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Trade</i>	11. BIRTHPLACE (State or foreign country) <i>Md</i>	12. CITIZEN OF WHAT COUNTRY? <i></i>
13. FATHER'S NAME <i>Alexander T. Cox</i>	14. MOTHER'S MAIDEN NAME <i>Louise Bowie</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>	16. SOCIAL SECURITY NO. <i></i>	17. INFORMANT <i>Mrs A. T. Cox</i>	Address <i>W. Beach, Md</i>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>331X</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 Mo</i>	
DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause lost. <i></i>			
(b) DUE TO <i>Partial paralysis</i>			
(c) <i></i>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in Part I or Part II of item 18) <i></i>		
20c. TIME OF INJURY Hour o. m. p. m. <i>19</i>	20d. INJURY OCCURRED White Nat white at work <input type="checkbox"/> at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) <i>Stone</i>	20f. (City or town) (County) <i>Calvert</i>
21. I certify that I attended the deceased from <i>Nov 12, 1956</i> to <i>Dec 12, 1956</i> , that I last saw the deceased alive on <i>Dec 23, 1956</i> , and that death occurred at <i>10:30 A.M.</i> from the causes and on the date stated above. ADDRESS (Street, city or town, state) <i>Owings Md</i>			
ACTUAL SIGNATURE <i>H. W. Ward</i>	DATE SIGNED <i></i>		
PHYSICIAN'S NAME (Type)			
22a. FUNERAL, CREMATION, REMOVAL (Specify) <i></i>	22b. DATE THEREOF <i>12/27/56</i>	22c. NAME OF CEMETERY OR CREMATORIUM <i>Cedars Hill</i>	22d. LOCATION (City, town, county) (State) <i>Suiland, Md</i>
23. FUNERAL DIRECTOR'S SIGNATURE <i>J. Lee's Sons Co - Dec 27, 1956</i>	ADDRESS	24a. REC'D BY REGISTRAR DATE <i>Dec 27, 1956</i>	24b. REGISTRAR'S SIGNATURE <i>John C. Lee</i>

WISCONSIN STATE GOVERNMENT OF HEALTH-EDUCATION-10
CERTIFICATE OF DEATH

BUREAU V. S.

JAN 2 1957

RECEIVED

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Pgce 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your information.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation, or removal.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12268

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Calvert		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Md.					
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Prince Frederick		c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Benedict					
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		d. STREET ADDRESS 081-2					
3. NAME OF DECEASED (Type or print) VIRGINIA		First D.	Middle CURTIS				
4. DATE OF DEATH Month 12	Month 2	Day 1956	Year				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH 3-10-1915				
9. AGE (In years from birthday) 41 yrs.	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. KIND OF BUSINESS OR INDUSTRY Home	12. BIRTHPLACE (State or foreign country) Md.				
13. FATHER'S NAME Peter C. Henderson		14. MOTHER'S MAIDEN NAME Louise Reed					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 218 30 3406	17. INFORMANT Address Charles Henderson Benedict, Md.				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Aspiration of vomitus DUE TO 921.0 Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 20a. EXTERNAL CAUSE WAS PRIMARILY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Choked on food							
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 12/2/ 1956		20d. INJURY OCCURRED White at work <input type="checkbox"/> Not white at work <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) home	20f. (City or town) Benedict	(County) Charles	(State) Md.	
21. I certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/> Inspection <input type="checkbox"/> Inquiry <input type="checkbox"/> and find that death resulted from: Natural causes <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined cause <input type="checkbox"/>							
ACTUAL SIGNATURE <i>William V. Lovitt</i>	M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> DEPUTY MEDICAL EXAMINER <input type="checkbox"/>			DATE SIGNED 12/2/56			
EXAMINER'S NAME (Type) William V. Lovitt, Jr., M.D.							
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial	22b. DATE THEREOF 12-5-56	22c. NAME OF CEMETERY OR CREMATORIAL Old Fields Cem.	22d. LOCATION (City, town, or county) Hughesville, Md.				
23. FUNERAL DIRECTOR'S SIGNATURE Huntt Funeral Home				24a. REC'D BY REGISTRAR DEC 5 1956	24b. REGISTRAR'S SIGNATURE Dr. Hugh Hardin		
ADDRESS Waldorf, Md.							

BUREAU V. S.

DEC 5 1956

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12287

CERTIFICATE OF DEATH

12269
51

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY <i>Calvert</i>		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <i>Maryland</i>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Brooms Island</i>		c. LENGTH OF STAY IN 1b <i>Life</i>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION —		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Brooms Island</i>	
3. NAME OF DECEASED (Type or print) <i>Peter B. Dove</i>		d. STREET ADDRESS —	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>June 12 1872</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Fishing & Oystering</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Waterman</i>	
11. BIRTHPLACE (State or foreign country) <i>Calvert Co., Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Peter Dove</i>		14. MOTHER'S MAIDEN NAME <i>Sallie Stinnett</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>No</i>	
17. INFORMANT <i>Howard Fowler - Brooms Island Md.</i>		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Hypertension C.V. disease</i>		INTERVAL BETWEEN ONSET AND DEATH	
443X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <i>Arteriosclerosis</i> DUE TO (c) <i></i>			
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. <i>19</i>		20d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> of work <input type="checkbox"/> at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) <i>Huntingtown</i> (County) <i>Calvert Co.</i> (State) <i>Md.</i>	
21. I certify that I attended the deceased from <i>8/16</i> , 19 <i>39</i> , to <i>12/8/56</i> , 19 <i>56</i> , that I last saw the deceased alive on <i>1/23/56</i> , and that death occurred at <i>207 N. Main St.</i> , from the causes and on the date stated above. ACTUAL SIGNATURE <i>H. W. Dove</i> PHYSICIAN'S NAME (Type) <i>H. W. Dove</i>			
22a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		22b. DATE THEREOF <i>Dec. 10, 1956</i>	
22c. NAME OF CEMETERY OR CREMATORIAL <i>Brooms Island, Md.</i>		22d. LOCATION (City, town, or county) <i>Brooms Island</i> (State) <i>Md.</i>	
23. FUNERAL DIRECTOR'S SIGNATURE <i>A. A. Harbauer & Son, Mutual Md.</i>		ADDRESS	
24a. REC'D BY REGISTRAR		24b. REGISTRAR'S SIGNATURE <i>H. W. Ward</i>	
DATE <i>12/10/56</i>			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of death. Page 4 may be signed by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

BUREAU V.

DEC 11 1956

RECEIVED

12270

CERTIFICATE OF DEATH

Reg. Dist. No

52

INSTRUCTIONS

- o **ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.
- o **FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a **burial transit permit**.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

VS Al5C 1-55 10M

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED							
COUNTY CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN		MARYLAND LENGTH OF STAY (in this place)		STATE CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN		COUNTY BUNKER BUNKER					
HOSPITAL OR INSTITUTION OR STREET ADDRESS		Mo		STREET ADDRESS		(If rural give location)					
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH							
(First)		(Middle)		(Last)		(Month)	(Day)	(Year)			
Male white		William		Marguer		12	9	1956			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR			IF UNDER 24 HRS.			
Male	white	Married	July 18, 1869	87	Months	Days	Hours	Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country)			
Farming				Tenant				Maryland			
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME				12. CITIZEN OF WHAT COUNTRY			
William Marguer				Haters				U. S. A.			
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no, or unk.)				16. SOCIAL SECURITY NO.				17. INFORMANT & ADDRESS			
(If Yes, give war or dates of service)								Mr Percy Marguer, Dunkirk			
18. MEDICAL CERTIFICATION											
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH											
177x IMMEDIATE CAUSE (A) <u>Carcinoma of prostate</u>											
ANTECEDENT CAUSE(S) DUE TO (B)											
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO (C)											
STATING UNDERLYING CAUSE LAST.											
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.											
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY?			
YES <input type="checkbox"/> NO <input type="checkbox"/>											
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)				21b. PLACE (Home, farm, factory, OR INJURY street, office bldg., etc.)				21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)				21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> M. at work <input type="checkbox"/> at work <input type="checkbox"/>				21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 4/1/1952 to 12/9/1956, that I last saw the deceased alive on 12/4/1956, and that death occurred at 1 A.M., from the causes and on the date stated above.											
SIGNATURE <u>John Evans</u> ADDRESS (Street, city, town, state) <u>Huntingtown</u> DATE SIGNED <u>12/9/56</u>											
23. BURIAL, CREMATION, REMOVAL (SPECIFY)				DATE THEREOF				NAME OF CEMETERY OR CREMATORIAL			
Burial				12/11/56				Mt Harmony, Mr Evans Md.			
24. REC'D BY REGISTRAR				REGISTRAR'S SIGNATURE				LOCATION (City, town or county) (State)			
DATE 12/10/56				Grace L. Kulekis				ADDRESS			
25. FUNERAL DIRECTOR'S SIGNATURE											
W. H. Phillips											

DEPARTMENT OF JUSTICE - FEDERAL BUREAU OF INVESTIGATION
U. S. GOVERNMENT BY CONTRACT

STATE OF TEXAS

ALL INFORMATION CONTAINED

HEREIN IS UNCLASSIFIED

DATE 12-10-2011 BY SP-10

ALL INFORMATION CONTAINED

HEREIN IS UNCLASSIFIED

DATE 12-10-2011 BY SP-10

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HEREIN IS UNCLASSIFIED
DATE 12-10-2011 BY SP-10

BUREAU OF INVESTIGATION

DEC 17 1956

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12289

CERTIFICATE OF DEATH

12271

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Calvert		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Maryland		b. COUNTY Anne Arundel County				
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Prince Frederick		c. LENGTH OF STAY IN 1b 9 Days		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Churchton		d. STREET ADDRESS				
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Calvert Co. Hospital						e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>				
3. NAME OF DECEASED (Type or print) Jacob		First	Middle	Last	4. DATE OF DEATH I2	Month	Day	Year		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	B. DATE OF BIRTH 10-5-1872	9. AGE (In years last birthday) 84 yrs.	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland U.S.A.		12. CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME Jacob Phipps		14. MOTHER'S MAIDEN NAME Theresa Tydings								
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. Janie Hazard (Daughter)		Address Galesville Md.				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 420.1 Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last.		DUE TO Coronary Occlusion				INTERVAL BETWEEN ONSET AND DEATH				
(b) DUE TO Hypertensive C.V. disease										
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Percussive anesthesia		20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m.		20d. INJURY OCCURRED White <input type="checkbox"/> Not white <input type="checkbox"/> at work <input type="checkbox"/> of work <input type="checkbox"/>			20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from 12/1/2 to 12/13, 1952, that I last saw the deceased alive on 12-12, 1952, and that death occurred at 2 AM, from the causes and on the date stated above. ACTUAL SIGNATURE Physician's NAME (Type) Roger E. Jett						ADDRESS (Street, city or town, state) Prince Frederick 12/13 Md.			DATE SIGNED	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 12/13/56		22c. NAME OF CEMETERY, OR CREMATORIAL Dugger		22d. LOCATION (City, town, or county) Galesville		(State) Md.		
23. FUNERAL DIRECTOR'S SIGNATURE Bernard L. Hardisty		ADDRESS Galesville Md.		24a. REC'D BY REGISTRAR Date 12/17/56		24b. REGISTRAR'S SIGNATURE High Horse				

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4
may be referred to by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director,
page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with
the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

NO. 10000000000000000000000000000000

BUREAU V. S.

DEC 21 1956

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
12272
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 51

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation, or removal.

1. PLACE OF DEATH a. COUNTY <i>Calvert</i>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <i>Md</i>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Prince Frederick</i>		c. LENGTH OF STAY IN 1b c. STREET ADDRESS <i>Prince Frederick</i>	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) <i></i>		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <i>Howard</i>		First <i>H</i>	Middle <i>Smith</i>
4. DATE OF DEATH <i>12/11/58</i>		Month <i>12</i>	Year <i>1958</i>
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> 8. DATE OF BIRTH WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> <i>Nov. 13, 1892</i>	9. AGE (In years less birthday) <i>84</i> yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>farmer</i>	
11. BIRTHPLACE (State or foreign country) <i>Md</i>		12. CITIZEN OF WHAT COUNTRY? <i>Mr. Howard Smith, Prince Frederick</i>	
13. FATHER'S NAME <i>James Smith</i>		14. MOTHER'S MAIDEN NAME <i>Julia Dove</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <i></i>		16. SOCIAL SECURITY NO. <i></i>	
17. INFORMANT <i>Mr. Howard Smith, Prince Frederick</i>		Address <i></i>	
18. CAUSE OF DEATH. [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>420.1</i> DUE TO Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause lost. <i></i>			
INTERVAL BETWEEN ONSET AND DEATH <i>5 yrs</i>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>Has been in poor health for several years</i>			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input checked="" type="checkbox"/> CAUSE OF DEATH. <i></i>		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) <i>Found dead in barn</i>	
20c. TIME OF INJURY Month, Day, Year Hour <i>12/11 1958</i>		20d. INJURY OCCURRED While of work <input checked="" type="checkbox"/> Not while of work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) <i>Home</i>
20f. (City or town) <i>Prince Frederick Calvert Co.</i>		(County) <i></i>	
(State) <i></i>			
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> <i>H. W. Ward</i>			
ACTUAL SIGNATURE <i>H. W. Ward</i>		DATE SIGNED <i>12/11/58</i>	
EXAMINER'S NAME (Type) <i></i>		M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>	
22a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		22b. DATE THEREOF <i>Dec. 14, 1958</i>	
22c. NAME OF CEMETERY OR CREMATORIUM <i>Ashley Cemetery</i>		22d. LOCATION (City, town, or county) <i>Barstow</i>	
(State) <i></i>			
23. FUNERAL DIRECTOR'S SIGNATURE <i>A. J. Harkness</i>		24a. REC'D BY REGISTRAR ADDRESS <i>San Mutual</i>	
DATE <i>12/13/56</i>		24b. REGISTRAR'S SIGNATURE <i>H. W. Ward</i>	

BUREAU V. S.

DEC 14 1956

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12273

Items 7, 8, & 9 Film G209 1/24/57 ge

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH

a. COUNTY

Calvert

MARYLAND

b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Prince Frederick

c. LENGTH OF STAY IN lb

1 yr

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Maryland

b. COUNTY

Calvert

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Prince Frederick

d. NAME OF HOSPITAL (If not in hospital, give street address)

OR INSTITUTION

Calvert County Hospital

d. STREET ADDRESS

None

e. IS RESIDENCE

ON A FARM?

YES NO 3. NAME OF
DECEASED
(Type or print)

First Arthur

Middle Lynn

Last Weese

4. DATE
OF
DEATH

Month December Day 30 Year 1956

5. SEX

male

6. COLOR OR RACE

white

7. MARRIED NEVER MARRIED WIDOWED DIVORCED

8. DATE OF BIRTH

1885

Feb. 6, 1884

9. AGE (In years
lost birthday)

71 1/2 yrs.

10. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

FARMER (RETired)

10b. KIND OF BUSINESS OR INDUSTRY

F.T.O.R.R.

11. BIRTHPLACE (State or foreign country)

West Virginia

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Weese

14. MOTHER'S MAIDEN NAME

Anna Reed

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no, or unknown) NO

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

542-34-1234

17. INFORMANT

MRS. Betty Jones, Lower Marlboro, Md.

Address

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a)

331X

DUE TO

Conditions, if any, which
gave rise to immediate
cause (a), stating the under-
lying cause last.

(b)

DUE TO

(c)

Cerebral Hemorrhage

- Benign Arteriosclerosis

INTERVAL BETWEEN
ONSET AND DEATH

MEDICAL CERTIFICATION

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

19. WAS AUTOPSY
PERFORMED?YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER)20c. TIME OF INJURY Month, Day, Year
Hour a.m. 19
p.m.20d. INJURY OCCURRED
While Not while
at work at work 20e. PLACE OF INJURY (Home, farm,
factory, street, office bldg., etc.)

20f. (City or town)

(County)

(State)

21. I certify that I attended the deceased from 12/30, 1956, to 12/30, 1956, that I last saw the deceased
alive on 12/30, 1956, and that death occurred at 8:40 M, from the causes and on the date stated above.ACTUAL
SIGNATUREPHYSICIAN'S
NAME (Type)22a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

22b. DATE THEREOF

1/2/1957

22c. NAME OF CEMETERY OR CREMATORI

George Washington Cem.

22d. LOCATION (City, town, or county)

Baltimore City - B. Cole - Mattress Co.

(State)

23. FUNERAL DIRECTOR'S SIGNATURE

W.W. Chambers Co - Riverview, Md.

ADDRESS

1411 N. 17th St.

24a. REC'D BY REGISTRAR

DATE

1/14/57

24b. REGISTRAR'S SIGNATURE

Dr. Hugh Harris

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of death. Page 4
may be relied on by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, it should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

RECEIVED JAN 7 1957